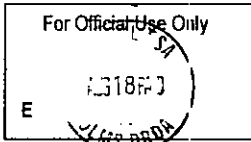


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11093</u>	2. Fiscal Year Covered From <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JAMES F. SULLIVAN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>29870 Eddy Rd</u> City <u>WILLOUGHBY HILLS</u> State <u>Ohio</u> ZIP Code + 4 <u>44094</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS L.U. 55 HEALTH + WELFARE + PENSION</u> Labor Organization File Number <u>011734</u> P.O. Box, Building and Room Number, if any _____ Street <u>980 KEYNOTE CIRCLE</u> City <u>BROOKLYN HTS.,</u> State <u>Ohio</u> ZIP Code + 4 <u>44131</u>
5. Position in labor organization. <u>BUSINESS MGR / FIN SEC + PART TIME FUNDS ADMINISTRATION</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u> <u>- 0 -</u>

Signature

James F. Sullivan

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James F. Sullivan

On

8/8/2005
Date

(440) 516-1035

Telephone Number

Name of Person Filing

JAMES F. SULLIVAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PLUMBERS LU 55 HEALTH + WELFARE FUNDTrade Name, if any: FUNDS OFFICE

P.O. Box, Bldg., Room No., if any _____

Street 930 KEYNOTE CIRCLECity BROOKLYN HTS.State OHIO ZIP Code + 4 44131

11.a. Nature of such dealing.

PART TIME FUNDS ADMINISTRATOR
SAME AS N-5 ON FRONT PAGE

11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

MY TIME WAS DIRECTLY COMPENSATED
TO THE LOCAL UNION - NO INTEREST
OR INCOME RECEIVED

12.b. Amount.

-0-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name N/A

Trade Name, if any _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

-0-